

No application will be accepted if it has been mailed or faxed before March 31, 2018.
No se aceptará ninguna solicitud si se envió por correo o por fax antes del 31 de marzo de 2018.

TOWN OF HUNTINGTON
PROJECT P.L.A.Y. /ST. JOHN'S CAMP 2018
GENERAL APPLICATION

Please complete one (1) form per child-Please attach a picture of child/foto de niño

(Please Print)

Child's Name _____ () boy () girl

Age _____ Date of Birth _____ Grade _____

School District (presently attending) _____

Father's Name _____ SS# _____

Mother's Name _____ SS# _____

Home Address _____

Town: _____ Street _____
State: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

Number of people in family _____

Are you receiving any Public Assistance? Circle whichever applies:

Medicaid ADC Food Stamps Unemployment (List Income \$ _____)

Case Number: _____

Family Income: Annual \$ _____ Monthly \$ _____

Father's Place of Work _____

Mother's Place of Work _____

Is applicant a foster child? ____ Yes ____ No Case # _____

Please list child's previous camp or school experience: _____

(I certify that the above information is true and accurate)

Signature of Parent/Guardian _____ Date _____

Print Name of Parent/Guardian _____

Email _____

For Office Use

Eligible: _____ Not Eligible _____

Sponsor's Signature: _____ Date: _____

This form must be submitted to the Town of Huntington in order for a child to participate in the camp program.

**INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK
(Effective July 1, 2017 through June 30, 2018)**

Free Eligibility Scale
Free Lunch, Breakfast, Milk

Reduced Price Eligibility Scale
Reduced Price Lunch, Breakfast

House hold Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	House hold Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$ 15,678	\$ 1,307	\$ 654	\$ 603	\$ 302	1	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430
2	\$ 21,112	\$ 1,760	\$ 880	\$ 812	\$ 406	2	\$ 30,044	\$ 2,504	\$ 1,252	\$ 1,156	\$ 578
3	\$ 26,546	\$ 2,213	\$ 1,107	\$ 1,021	\$ 511	3	\$ 37,777	\$ 3,149	\$ 1,575	\$ 1,453	\$ 727
4	\$ 31,980	\$ 2,665	\$ 1,333	\$ 1,230	\$ 615	4	\$ 45,510	\$ 3,793	\$ 1,897	\$ 1,751	\$ 876
5	\$ 37,414	\$ 3,118	\$ 1,559	\$ 1,439	\$ 720	5	\$ 53,243	\$ 4,437	\$ 2,219	\$ 2,048	\$ 1,024
6	\$ 42,848	\$ 3,571	\$ 1,786	\$ 1,648	\$ 824	6	\$ 60,976	\$ 5,082	\$ 2,541	\$ 2,346	\$ 1,173
7	\$ 48,282	\$ 4,024	\$ 2,012	\$ 1,857	\$ 929	7	\$ 68,709	\$ 5,726	\$ 2,863	\$ 2,643	\$ 1,322
8	\$ 53,716	\$ 4,477	\$ 2,239	\$ 2,066	\$ 1,033	8	\$ 76,442	\$ 6,371	\$ 3,186	\$ 2,941	\$ 1,471
Each Add'l person add	\$ 5,434	\$ 453	\$ 227	\$ 209	\$ 105	Each Add'l person add	\$ 7,733	\$ 645	\$ 323	\$ 298	\$ 149

Please note: *Incomes indicated on the free and reduced price eligibility scales are maximum amounts.*

**INCOME ELIGIBILITY FORM
FOR THE
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to:
Town of Huntington-Parks & Recreation, 100 Main Street, Huntington, N.Y. 11743

If you need help, call **631-351-3095 Carineh Mendez**

Follow these instructions, if your household gets SNAP (Food Stamps) TANF or FDPIR:

Part 1: List participant's name and a SNAP (Food Stamp), TANF or FDPIR case number.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

Part 1: Enter the child's name.

Part 2: Please contact us at [phone number of Sponsor]

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

Column A—Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B—Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form**, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
 - (2) fax: (202) 690-7442; or
 - (3) email: program.intake@usda.gov.
- This institution is an equal opportunity provider.

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last)	SNAP (Food Stamp), TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child

Foster children eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact [name of Sponsor] at [phone number]. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF or FDPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
1.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
2.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
3.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
4.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
5.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
6.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
7.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
8.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
9.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
10.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
11.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
12.	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of Social Security Number: ____ _ □ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

Mark one or more racial identities:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

- ☐ Asian
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year

Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____

Reason: _____

Determining Official's Signature: _____

Date: _____

Confirming Official's Signature: _____

Date: _____

Follow-up Official's Signature: _____

Date: _____



Town Hall • 100 Main Street
Huntington, NY 11743-6991

Phone: (631)351-3089

Fax: (631)351-3100

ParksandRec@HuntingtonNY.gov

PARKS & RECREATION

Donald McKay
Director

Checklist

The following is a list of documentations that must be completed and handed in on registration day. **No application** will be accepted if all the items listed below are not presented.

1. Completed general application with a current photo attached. Please write the child's name and date of birth on the back of the picture. All photos will be kept confidential and will only be used to identify children.
2. USDA application for free and reduced meals (federal)
3. Child/children birth certificate
4. Two proofs of address
5. If child attends school proof will have to be provided (report card, progress report, or enrolment letter).
6. Proof of income(4 current pay stubs) or Medicaid, SNAP, TANF or FDPIR case number- Current budget benefit verification letter from Suffolk County DSS is required. Benefit identification cards will NOT be accepted as proof. Tax returns are **NOT** being accepted as proof.
7. If your child/children receive free or reduced lunch please bring a copy of the approval letter from the school district. With this letter you will **NOT** need to provide proof of income.





Town Hall • 100 Main Street
Huntington, NY 11743-6991

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PARKS & RECREATION

Donald McKay
Director

Lista de control

La siguiente es una lista de documentos que tienen que ser completados y entregados el día del registro. No se aceptará ninguna solicitud si no se presentan todos los elementos enumerados a continuación.

1. Aplicación general completa con una foto actual adjunta. Por favor, escriba el nombre y la fecha de nacimiento del niño en la parte posterior de la imagen. Todas las fotos se mantendrán confidenciales y solo se usarán para identificar a los niños.
2. Aplicación del estado para recibir almuerzo gratuito o precio reducido
3. Certificado de nacimiento de niño / niños
4. Dos pruebas de domicilio
5. Si el niño asiste a la escuela tendrá que ser proporcionado reporte de calificaciones, informe de progreso o carta de inscripción.
6. Comprobante de ingresos (4 recibos de pago actuales) o número de caso de Medicaid, SNAP, TANF o FDPIR. Se requiere una carta de verificación de beneficios del presupuesto del DSS del condado de Suffolk. Las tarjetas de identificación de beneficios **NO** serán aceptadas como prueba. Las declaraciones de impuestos **NO** se aceptan como prueba.
7. Si su niño / niños reciben almuerzo gratuito o precio reducido traiga una copia de la carta de aprobación del distrito escolar. Con esta carta **NO** necesitará presentar prueba de ingresos.

